

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0009 Boise, Idaho 837 20-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

CORRECTED COPY

April 5, 2012

RICHARD M. ARMSTRONG - Director

Susan Broetje, Administrator Southwest Idaho Treatment Center 1660 Eleventh Avenue North Nampa, Idaho 83687

RE:

Southwest Idaho Treatment Center, Provider #13G001

Dear Ms. Broetje:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Southwest Idaho Treatment Center, on March 20, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

NOTE: Please replace the copy of this letter that was mailed to your office on March 29, 2012, with this copy. A revision has been made to the tag(s) cited on Building 10. Enclosed, you will find the revised Form CMS-2567 for Building 10. Please replace the existing report for Building 10 with this copy. After you have completed your Plan of Correction, return the original to this office by **April 11, 2012**, and keep a copy for your records.

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

MARK P. GRIMES

Supervisor

Fire Life Safety & Construction Program

MPG/li

Enclosure

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUTHWEST IDAHO TREATMENT CENTER

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

	NAMPA, ID 83687						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K 000	INITIAL COMMENTS	K 000					
K 000	The "Redwood" building was originally constructed in 1967 and is a single story structure with mechanical room in the basement. The building's original construction classification is protected non-combustible Type V (111). The building is now fully sprinklered as of 2010. The building is protected throughout by a complete, supervised fire alarm/smoke detection system with off-site monitoring. There is a total of two (2) exits to grade from the central core plus each of the four "pods" containing resident sleeping has a door directly to grade and a door to the central core. Emergency power and lighting is provided by an on-site, fuel-fired generator. The Redwood building was vacated in July 2011 and is no longer utilized by facility clients. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	K 000	RECEIV APR 17 2012 FACILITY STANDA	RDS			
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				.			

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Broetje

Administrative Director

4/10/12/

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days sllowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

3ureau of Facility Standards

TATEMENT OF DEFICIENCIES .ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G001

(X2) MULTIPLE CONSTRUCTION

01 A. BUILDING

(X3) DATE SURVEY COMPLETED

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03/20/2012

IAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHWEST IDAHO TREATMENT CENTER

1660 ELEVENTH AVENUE NORTH

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M 000	16.03.11 Initial Comments	M 000	RECEIVED APR 17 2012 FACILITY STANDARDS	
	The "Redwood" building was originally constructed in 1967 and is a single story structure with mechanical room in the basement. The building's original construction classification is protected non-combustible Type V (111). The building is now fully sprinklered as of 2010. The building is protected throughout by a complete, supervised fire alarm/smoke detection system with off-site monitoring. There is a total of two (2) exits to grade from the central core plus each of the four "pods" containing resident sleeping has a door directly to grade and a door to the central core. Emergency power and lighting is provided by an on-site, fuel-fired generator. The Redwood building was vacated in July 2011 and is no longer utilized by facility clients. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction		refer to CMSZ567	

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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ADMINISMATILE DIRECTLE 021199 4/10/12

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

02

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING

03/20/2012

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STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHWEST IDAHO TREATMENT CENTER

1660 ELEVENTH AVENUE NORTH

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K 000	The medical building is a single story structure of protected wood frame construction. The original	K 000		
	building was constructed in 1963 and the "E" wing addition in 1977. The building is protected throughout by a complete automatic fire extinguishing system and an upgraded fire alarm/smoke detection system. Multiple exits to grade serve the building, plus there are direct exits to grade from several "suits" within the building. Emergency power is supplied by two on-site, fuel fired, automatic generators; one serving the original building and the other serves the 1977 addition. Wings "B" and "C", essentially unoccupied since Fall 2010, are separated from the remainder of the building by two hour rated wall assemblies.		RECEIVED APR 17 2012	
	The entire Medical building was vacated in May 2011 and is no longer utilized by facility clients. The Survey was conducted by:		FACILITY STANDARDS	
	Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction			
	Y DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	X6) DATE

ADMINISTRATIVE DIRECTOR

4/10/12

by deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 rys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

Bureau of Facility Standards

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(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING_

02 - MEDICAL BLDG

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

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TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
M 000	16.03.11 Initial Comments	M 000		
	The medical building is a single story structure of protected wood frame construction. The original			
	building was constructed in 1963 and the "E" wing addition in 1977. The building is protected			
	throughout by a complete automatic fire extinguishing system and an upgraded fire			
	alarm/smoke detection system. Multiple exits to grade serve the building , plus there are direct			
	exits to grade from several "suits" within the building. Emergency power is supplied by two			
	on-site, fuel fired, automatic generators; one serving the original building and the other serves			
	the 1977 addition. Wings "B" and "C", essentially unoccupied since Fall 2010, are separated from		rear to cm 5 2 567	
	the remainder of the building by two hour rated wall assemblies.			
	The entire medical building was vacated in May 2011 and is no longer utilized by facility clients.			
	The surveyor conducting the fire/life safety survey was:			
	Taylor Barkley Health Facility Surveyor		BECERVE	
	Facility Fire/Life Safety and Construction Program		APR 1 7 2012	
			FACILITY STANDARDS	
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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 03 B. WING 13G001 03/20/2012 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **OUTHWEST IDAHO TREATMENT CENTER** 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL RÉFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The "Aspen" building is a single story structure, with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting.

The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with 42 CFR 483.70.

The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing resident sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This

The Survey was conducted by:

building has 20 ICF/ID beds.

Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction



FACILITY STANDARDS

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISMATIUE DIRECTUR

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

OUTHWEST IDAHO TREATMENT CENTER

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING_

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
K 000	Continued From page 1	K 000	
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that	on is	TAG # K046 (MM309) – Aspen - page 2 of 8. During record review on March 20, 2012 at 9:57 am, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented.
	emergency lights were being tested for 30 seconds a month. Failure to test the emergency lights can result in nonoperational units not be discovered and repaired. The facility had a census of fifteen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include: During record review on March 20, 2012 at 9:5 AM, it was revealed that emergency light testir records were not available for the month of March 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was no completed and documented.	ing 57 ng ay t	A. Correction action for the identified problem. A schedule and documentation of completion checklist will be developed for all required testing. Emergency light testing will be completed by the 20 th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. B. Discipline responsible for the monitoring system changes for the Maintenance compliance.
	Actual NFPA Standard: NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 EXISTING HEALTH CARE OCCUPANCIES 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.		Maintenance and Operations Supervisor C. Date of action for the identified problem. New system will be in place by May 30, 2012

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A. BUILDING 03

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STREET ADDRESS, CITY, STATE, ZIP CODE

OUTHWEST IDAHO TREATMENT CENTER

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K 046	Continued From page 2 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046		
K 052	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		
	This Standard is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that fire alarm was being maintained in accordance with NFPA 72. Failure to conduct annual inspections and repairing nonoperational equipment could result in the fire alarm system not functioning as designed. The facility had a census of fifteen clients on the day of survey.			

SOUTHWEST IDAHO TREATMENT CENTER

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

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A. BUILDING 03

(X3) DATE SURVEY COMPLETED

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03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

	NAMPA, ID 83687				
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	Continued From page 3 These deficiencies affected all clients, staff, and visitors present on the day of the survey. Findings include: 1. During record review on March 20, 2012 at 9:40 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 4, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. 2. During record review on March 20, 2012 at 9:40 AM, it was revealed that the last documented annual fire alarm inspection report dated January 4, 2011, documented that the smoke detectors in rooms #155, 187 and 196 do not operate correctly. When questioned about the smoke detectors the Maintenance Supervisor stated that he was unsure if they were repaired. Actual NFPA Standard: Chapter 19 Existing Healthcare Occupancies 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. 7-3 Inspection and Testing Frequency. 7-3.1* Visual Inspection. Visual inspection shall be performed in	K 052			
	accordance with the schedules in Section 7-3 or more often if required by the authority having jurisdiction. The visual inspection shall be made		New system will be in place by May 30, 2012		

OUTHWEST IDAHO TREATMENT CENTER

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K 052	Continued From page 4 to ensure that there are no changes that affect equipment performance. 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.	K 052	Tag #K052 (MM309) (#2) – Aspen - page 4 of 8 During record review on March 20, 2012 at 9:40 AM, it was revealed that the last documented annual fire alarm inspection report dated January 4, 2011, documented that the smoke detectors in rooms #155, 187, and 196 do not operate correctly. When
K 144		K 144	questioned about the smoke detectors, the Maintenance Supervisor stated that he was unsure if they were repaired. A. Correction action for the identified problem. The Maintenance and Operations Supervisor will ensure and document in a report to the SWITC Administrative Director that each issue identified in the fire alarm inspection report is corrected within 30 days of receiving the annual fire alarm inspection report.
	This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the emergency generator monthly load tests were being conducted in accordance with NFPA 110. Conducting monthly load tests help to ensure system reliability. The facility had a census of fifteen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include:		B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem. First report from the Maintenance and Operations Supervisor will be completed by 4/30/12 for the 2012 annual fire alarm inspection.

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K 144	Continued From page 5	K 144	6/30/17
12.11.1	During record review on March 20, 2012 at 10:06		TAG # K144 (MM309) – Aspen - page 6 of
	AM, the facility was unable to provide a		8
	documented thirty minute load test for the		
	generator during the month of August 2011.		During the review on March 20, 2012 at
	When questioned about the load test the		10:06 AM, the facility was unable to provide
	Maintenance Supervisor stated that he did know		a documented thirty minute load test for the
	why the test was not conducted and documented.		generator during the month of August 2011.
			When questioned about the load test the
	Actual NFPA Standard:		Maintenance Supervisor stated that he did
	·		know why the test was not conducted and
	NFPA 110 Standard for Emergency and Standby		documented.
	Power Systems 1999 Edition		
	6-4.1*		A. Correction action for the identified
	Level 1 and Level 2 EPSSs, including all		problem.
	appurtenant components, shall be inspected		A schedule and documentation of
	weekly and shall be exercised under load at least		
	monthly.		completion checklist will be developed for all required testing. The thirty minute load test
	6-4.2*		will be completed by the 20 th of each month
	Generator sets in Level 1 and Level 2 service		and documentation of the testing will be
	shall be exercised at least once monthly, for a		submitted to the Maintenance and
	minimum of 30 minutes, using one of the		Operations Supervisor who will review the
	following methods:		documentation to ensure completion by the
	(a) Under operating temperature conditions or at		end of the month.
	not less than 30 percent of the EPS nameplate		
	rating		
	(b) Loading that maintains the minimum exhaust		B. Discipline responsible for the monitoring
	gas temperatures as recommended by the		system changes for the Maintenance
	manufacturer		compliance.
	The date and time of day for required testing shall		
	be decided by the owner, based on facility		Maintenance and Operations Supervisor
	operations.		O Data of the first state of
			C. Date of action for the identified problem.
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147	New system will be in place by May 30,
			2012
j	Electrical wiring and equipment is in accordance		,
	with NFPA 70, National Electrical Code. 9.1.2		,

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OUTHWEST IDAHO TREATMENT CENTER

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1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

COTTI	WEST IDANO TREATMENT CENTER		A, ID 8368	7	
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K 147	Continued From page 6		K 147		
	This Standard is not met as evidenced by Based on observation and interview the fadid not ensure that electrical wiring and equipment usage was in accordance with 70 and NFPA 99. Utilizing multiple outlet a can lead to overloaded wiring and start at facility had a census of fifteen clients on the facility of survey. This deficiency affected fifteen and two staff members in one of three sm compartments.	NFPA adapters fire. The ne day clients		TAG #K147 (MM309) – Aspen - page 7 og 8 During the tour of the facility on March 19, 2012 at 10:35 AM, observation of Room # 165 revealed a multiple adapter in use. When questioned about the adapter, the Maintenance Supervisor stated he was unaware of the adapter's presence in the room.	_
	Findings include:			A. Correction action for the identified problem.	
	During the tour of the facility on March 19, at 10:35 AM, observation of room # 165 re a multiple adapter in use. When questione the adapter, the Maintenance Supervisor sthat he was unaware of the adapter's presthat room.	evealed ed about stated		A monthly inspection checklist to review for Fire Life Safety requirements will be developed. The maintenance personnel assigned to the buildings will complete monthly inspections of the buildings and document any observed concerns. These	r
	Actual NFPA Standard:			concerns will be shared with the applicable building manager for correction. The	1
	NFPA 99 Standard for Health Care Faciliti 1999 Edition 3-3.2.1.2 All Patient Care Areas. Minimum Number of Receptacles. The number of Receptacles and by the interest of the control of th	mber of		completed checklist will be submitted to the Maintenance and Operations Supervisor fo review and assurance that all needed corrections have been completed.	e r
	receptacles shall be determined by the interest use of the patient care area. There shall be sufficient receptacles located so as to avoin need for extension cords or multiple outlet adapters.	e id the		B. Discipline responsible for the monitoring system changes for the Maintenance compliance.	g
	NFPA 70 National Electrical Code 1999 Ed	dition		Maintenance and Operations Supervisor.	
	110-3. Examination, Identification, Installat and Use of Equipment			C. Date of action for the identified problem	l.
	(a) Examination. In judging equipment, considerations such as the following shall I	be		Corrected as of 4/6/12	.///

1. Suitability for installation and use in conformity

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A, BUILDING 03

B. WING

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOUTHWEST IDAHO TREATMENT CENTER

		A, ID 00007		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 7 with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. 2. Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided 3. Wire-bending and connection space 4. Electrical insulation 5. Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service 6. Arcing effects 7. Classification by type, size, voltage, current capacity, and specific use 8. Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (b) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.	K 147		

FORM APPROVED Jureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The "Aspen" building is a single story structure, with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire **FACILITY STANDARDS** extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing recer 1.256 resident sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/ID beds. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: **Taylor Barkley** Health Facility Surveyor Facility Fire Safety and Construction

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3ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE



PRINTED: 03/28/2012 FORM APPROVED

ureau of Facility Standards

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 03

(X3) DATE SURVEY COMPLETED

13G001

B. WING ____

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

MM309 MM309 MM309 MM309 MM309 MM309 MM309 MM309 MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2587; 1. K046 Emergency light testing. 2. K052 Fire alarm maintenance. 3. K144 Emergency generator load tests. 4. K147 Electrical equipment.	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K046 Emergency light testing. 2. K052 Fire alarm maintenance. 3. K144 Emergency generator load tests.	М 000	Continued From Page 1	M 000		
	MM309	Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K046 Emergency light testing. 2. K052 Fire alarm maintenance. 3. K144 Emergency generator load tests.	MM309	reher to 2567	

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SOUTHWEST IDAHO TREATMENT CENTER

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

ND PLAN OF CORRECTION

A. BUILDING B. WING 13G001

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

	NAMPA	A, ID 83687	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
	The "Birch" building is a single story structure, with a mechanical loft, that was completed/occupied in December 2002. The building's construction classification is Type V(III) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and fire/ smoke detection system. Emergency power is supplied by an on site, fuel fired, automatic generator as well as battery pack emergency lighting. The building consists of of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. The building is licensed for 20 ICF/ID beds. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with 42 CFR 483.70. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction		RECEIVED APR 17 2012 FACILITY STANDARDS	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

4/10/12 ADMINISTRANCE DIRECTOR

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING ___

03/20/2012

AME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000 Continued From page 1 K 000	
K 046 NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the emergency lights were being tested for 30 seconds a month. Failure to test the emergency lights can result in nonoperational units not being discovered and repaired. The facility had a census of fifteen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include: During record review on March 20, 2012 at 9:59 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records were hot available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented. Actual NFPA Standard: NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 EXISTING HEALTH CARE OCCUPANCIES 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.	or ed ed ee was and of or all g will a and be and of the y the

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 04

(X3) DATE SURVEY COMPLETED

13G001

B. WING_

03/20/2012

AME OF PROVIDER OR SUPPLIER

JOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
K 046	7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046	TAG # K052 (#1) (MM309) – Birch - page 4 of 10 During record review on March 20, 2012 at 9:42 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 10, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. A. Correction action for the identified problem.
K 052	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	A schedule and documentation of completion checklist will be developed for all required testing. Annual fire alarm inspections will be scheduled by the 1 st of the month due. Documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. The 2012 fire alarm inspection was initiated on 3/20/12 and we received the report of findings on 4/6/12.
	This Standard is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that fire alarm was being maintained in accordance with NFPA 72. Failure to conduct annual inspections and repairing nonoperational equipment could result in the fire alarm system not functioning as designed. The facility had a census of fifteen clients on the day of survey.		B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem. New system will be in place by May 30, 2012

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

FATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING _

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

		ELEVENTH PA, ID 8368	AVENUE NORTH 7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) OMPLETION DATE
K 052	Continued From page 3	K 052		
	These deficiencies affected all clients, staff, and visitors present on the day of the survey.			
	Findings include:		<u>Tag #052 (#2) (MM309) — Birch - page 4 of</u> <u>10</u>	
	1. During record review on March 20, 2012 at 9:42 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 5, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue.		During record review on the March 20, 2012 at 9:42 AM, it was revealed that the last documented annual fire alarm inspection report dated January 4, 2011, documented that one horn strobe and the post indicator valve tamper switch do not operate correctly. When questioned about the horn	
2. During record review on March 20, 2012 at 9:42 AM, it was revealed that the last documented annual fire alarm inspection report dated January 4, 2011, documented that one			strobe and tamper switch the Maintenance supervisor stated he was unsure if they were repaired.	
	horn strobe and the post indicator valve tamper switch do not operate correctly. When questioned about the horn strobe and tamper switch the		 A. Correction action for the identified problem. 	
	Maintenance Supervisor stated that he was unsure if they were repaired.		The Maintenance and Operations Supervisor will ensure and document in a report to the SWITC Administrative Director	
	Actual NFPA Standard:		that each issue identified in the fire alarm inspection report is corrected within 30 days	
	Chapter 19 Existing Healthcare Occupancies 19.3.4.1 General. Health care occupancies shall be provided with a		of receiving the annual fire alarm inspection report.	
	fire alarm system in accordance with Section 9.6. 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in		B. Discipline responsible for the monitoring system changes for the Maintenance compliance.	
	accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72,		Maintenance and Operations Supervisor	
	National Fire Alarm Code. 7-3 Inspection and Testing Frequency.		C. Date of action for the identified problem.	1160
	7-3.1* Visual Inspection. Visual inspection shall be performed in accordance with the schedules in Section 7-3 or		First report from the Maintenance and Operations Supervisor will be completed by 4/30/12 for the 2012 annual fire alarm	2/12/12

inspection.

more often if required by the authority having

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

.13G001

A. BUILDING 04
B. WING _____

03/20/2012

AME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 052	Continued From page 4 jurisdiction. The visual inspection shall be made to ensure that there are no changes that affect equipment performance. 7-1.1.2 System defects and malfunctions shall be corrected. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours.	K 052		
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		
	This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the emergency generator monthly load tests were being conducted in accordance with NFPA 110. Conducting monthly load tests help to ensure system reliability. The facility had a census of fifteen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include:			
	7 manige morado.		6YT521 If continuation s	heet Page 5 of 10

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 04

(X3) DATE SURVEY. COMPLETED

13G001

B. WING_

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

	14/41	IFA, ID 0000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	During record review on March 20, 2012 at 10:0 AM, the facility was unable to provide a documented thirty minute load test for the generator during the month of August 2011. When questioned about the load test the Maintenance Supervisor stated that he did know why the test was not conducted and documented Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at leas monthly. 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a). Under operating temperature conditions or a not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaus gas temperatures as recommended by the manufacturer The date and time of day for required testing sha be decided by the owner, based on facility	t.	TAG # K144 (MM309) – Birch - page of 6 of 10 During the review on March 20, 2012 at 10:06 AM, the facility was unable to provide a documented thirty minute load lest for the generator during the month of August 2011. When questioned about the load test the Maintenance Supervisor stated that he did know why the test was not conducted and documented. A. Correction action for the identified problem. A schedule and documentation of completion checklist will be developed for all required testing. The thirty minute load test will be completed by the 20 th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor	
	operations.		C. Date of action for the identified problem.	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	New system will be in place by May 30, 2012.	

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 04

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 6	K 147	TAG # K147 (MM309) Birch - page 7 c	.f

This Standard is not met as evidenced by:

Based on observation and interview the facility did not ensure that electrical wiring and equipment usage was in accordance with NFPA 70 and NFPA 99. Utilizing relocatable power taps can lead to overloaded wiring and start a fire. The facility had a census of fifteen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey.

Findings include:

During the tour of the facility on March 19, 2012 at 11:05 AM, observation of the common area revealed a relocatable power tap supplying power to another relocatable power tap that was powering a fishtank. When questioned about the power taps the Maintenance Supervisor stated that he was unaware of the relocatable power taps being utilized for the fishtank.

Actual NFPA Standard:

NFPA 99 Standard for Health Care Facilities 1999 Edition

3-3.2.1.2 All Patient Care Areas.

Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.

NFPA 70 National Electrical Code 1999 Edition 110-3. Examination, Identification, Installation, and Use of Equipment

(a) Examination. In judging equipment, considerations such as the following shall be

TAG # K147 (MM309) - Birch - page 7 of

During the tour of the facility on March 19, 2012 at 11:05 AM, observation of the common area revealed a relocatable power tap supplying power to another relocatable power tap that was powering a fish tank. When questioned about the power taps Maintenance Supervisor stated that he was unaware of the power taps being used for the fish tank.

A. Correction action for the identified problem.

A monthly inspection checklist to review for Fire Life Safety requirements will be developed. The maintenance personnel assigned to the buildings will complete monthly inspections of the buildings and document any observed concerns. These concerns will be shared with the applicable building manager for correction. The completed checklist will be submitted to the Maintenance and Operations Supervisor for review and assurance that all needed corrections have been completed.

B. Discipline responsible for the monitoring system changes for the Maintenance compliance.

Maintenance and Operations Supervisor.

C. Date of action for the identified problem.

Corrected as of 4/6/12

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 04
B. WING _____

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	evaluated: 1. Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. 2. Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided 3. Wire-bending and connection space 4. Electrical insulation 5. Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service 6. Arcing effects 7. Classification by type, size, voltage, current capacity, and specific use 8. Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (b) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. UL 1363	K 147		
	RELOCATABLE POWER TAPS (XBYS) Relocatable Power TapsXBYSUSE AND INSTALLATION This category covers relocatable power taps rated 250 V ac or less, 20 A or less. They are intended for indoor use as relocatable multiple outlet extensions of a single branch circuit to supply laboratory equipment, home workshops, home movie lighting controls, musical			

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 8 instrumentation, and to provide outlet receptacles for computers, audio and video equipment, and other equipment. They consist of one attachment plug and a single length of flexible cord terminated in a single enclosure in which one or more receptacles are mounted. They may, in addition, be provided with fuses or other supplementary overcurrent protection, switches, suppression components and/or indicator lights in any combination, or connections for cable, communications, telephone and/or antenna. Relocatable power taps are intended to be directly connected to a permanently installed branch circuit receptacle. Relocatable power taps are not intended to be series connected (daisy chained) to other relocatable power taps or to extension cords. Relocatable power taps are not intended for use at construction sites and similar locations. Relocatable power taps are not intended to be permanently secured to building structures, tables, work benches or similar structures, nor are they intended to be used as a substitute for fixed wiring. The cords of relocatable power taps are not intended to be routed through walls, windows, ceilings, floors or similar openings. Relocatable power taps have not been investigated and are not intended for use with general patient care areas or critical patient care areas of health care facilities as defined in Article 517 of ANSI/NFPA 70, "National Electrical Code."	K 147		
	Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft	K 211		

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

AME OF PROVIDER OR SUPPLIER

an ignition source.

JOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

		•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 211	Continued From page 9	K 211		
	from each other			
	o Not more than 10 gallons are used in a single		l	'
	smoke compartment outside a storage cabinet.		TAG # K211 (MM309) - Birch - page 10 of	
	o Dispensers are not installed over or adjacent to		10	

o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623

This Standard is not met as evidenced by: Based on observation and interview the facility did not ensure that alcohol based hand rub dispensers were not installed over an ignition source. This deficiency could start a fire in the event of container leakage. The facility had a census of fifteen clients on the day of survey. This deficiency affected fifteen clients and two staff members in one of three smoke compartments.

Findings include:

During the tour of the facility on March 19, 2012 at 11:12 AM, observation of rooms # 190, 194 and 196 revealed alcohol based hand rub dispensers installed above wall mounted lights. When questioned about the dispensers, the Maintenance Supervisor stated that he was unaware of the dispenser installations in those rooms.

During the tour of the facility on March 19, 2012 at 11:12 AM, observation of rooms, #190, 194, and 196 revealed alcohol base hand rub dispensers installed about wall mounted lights. When questioned about the dispensers, the Maintenance supervisor stated he was unaware of the dispensers' installations in those rooms.

A. Correction action for the identified problem.

A schedule and documentation of completion checklist will be developed for all required testing. The maintenance personnel assigned to the buildings will complete monthly inspections of the buildings for these types of issues.

B. Discipline responsible for the monitoring system changes for the Maintenance compliance.

Maintenance and Operations Supervisor

C. Date of action for the identified problem.

Corrected as of 3/21/12

Jureau of Facility Standards

TATEMENT	OF	DEFICIENCIES
ND PLAN OF	F CO	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING_

03/20/2012

IAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

The state of the s		1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	The "Birch" building is a single story strue a mechanical loft, that was completed/or December 2002. The building's construct classification is Type V(III) protected worthe building is protected throughout by a automatic fire extinguishing system and smoke detection system. Emergency possupplied by an on site, fuel fired, automatic generator as well as battery pack emergilighting. The building consists of a central two wings with sleeping rooms. Therefore total of six exits to grade, two in each of the containing sleeping rooms and two from central core. The building is divided into the smoke zones by two smoke barrier partites. The building is licensed for 20 ICF/ID between the building is licensed for 20 ICF/ID between the LIFE SAFETY COUNTY of the Coupancy and in accordance with IDAF 16.03.11 - Rules Governing Intermediate Facilities for People with Intellectual Disa (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	cture, with ccupied in ction od frame. an fire/ wer is atic ency stral core re is a the wings the three ion walls. ds. ing the between e facility CODE, expense Care	M 000		

daho form

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

021199

TITLE

(X6) DATE

FORM APPROVED ureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/20/2012 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1D (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 Continued From Page 1 M 000 MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K211 Alcohol based hand rub dispensers. felis to cms 2507 2. K046 Emergency light testing. 3. K052 Fire alarm maintenance. 4. K144 Emergency generator load tests. 5. K147 Electrical equipment.

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

05

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING

B. WING ____

03/20/2012

AME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

	IVAIVIP	A, ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
	The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired,		RECEIVED APR 17 2012	
	automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/ID beds.	5	FACILITY STANDARDS	
	The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with 42 CFR 483.70.			
	The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction			
	Y DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	MATLIDE	TITLE	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shuretje

ADMINISTRATIUE DIRECTOR

4/10/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING
B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

NAMPA, ID 83687						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 000	Continued From page 1	K 000				
	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the emergency lights were being tested for 30 seconds a month. Failure to test the emergency lights can result in nonoperational units not being discovered and repaired. The facility had a census of seventeen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include: During record review on March 20, 2012 at 10:00 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented. Actual NFPA Standard: NFPA 101® Life Safety Code ® 2000 Edition Chapter 19 EXISTING HEALTH CARE OCCUPANCIES 19.2.9.1	K 046	TAG # K046 (MM309) – Pine page 2 of 6 During record review on March 20, 2012 at 10:00 am, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented. A. Correction action for the identified problem. A schedule and documentation of the developed for a required testing. Emergency light testing who be completed by the 20th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem New system will be in place by May 30, 2012.	of all ill d e d e		
	Emergency lighting shall be provided in			<u> 5/30/12</u>		

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 05

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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K 046	Continued From page 2 accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046		
K 052	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		
	This Standard is not met as evidenced by:			
	Based on interview and record review it was determined that the facility failed to ensure that fire alarm was being maintained in accordance with NFPA 72. Failure to conduct annual inspections and repairing nonoperational equipment could result in the fire alarm system not functioning as designed. The facility had a		If continuation	

Printed: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

13G001

B. WING _

03/20/2012

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

		LEVENTH A, ID 8368	AVENUE NORTH		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 052	Continued From page 3 census of seventeen clients on the day of This deficiency affected all clients, staff, visitors present on the day of the survey. Findings include: During record review on March 20, 2012 AM, it was revealed that the last docume annual fire alarm inspection report was duanuary 10, 2011. When questioned about annual inspection the Maintenance Superstated that he was aware that the inspection overdue. Actual NFPA Standard: Chapter 19 Existing Healthcare Occupant 19.3.4.1 General. Health care occupancies shall be provided fire alarm system in accordance with Section 19.6.1.4 A fire alarm system required for life safet be installed, tested, and maintained in accordance with the applicable requirement NFPA 70, National Electrical Code, and National Fire Alarm Code. 7-3 Inspection and Testing Frequency. 7-3.1* Visual Inspection. Visual inspection shall be performed in accordance with the schedules in Section more often if required by the authority has jurisdiction. The visual inspection shall be to ensure that there are no changes that a equipment performance. NFPA 101 LIFE SAFETY CODE STANDA	at 9:43 ented lated out the ervisor tion was acies ed with a ction 9.6. y shall ents of NFPA 72, a 7-3 or ving e made affect	K 052	TAG # K052 (MM309) – Pine - page 4 of 6 During record review on March 20, 2012 at 9:43 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 10, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. A. Correction action for the identified problem. A schedule and documentation of completion checklist will be developed for all required testing. Annual fire alarm inspections will be scheduled by the 1st of the month due. Documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. The 2012 fire alarm inspection was initiated on 3/20/12 and we received the report of findings on 4/6/12. B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem.	II f f e e
17.174	Generators are inspected weekly and execunder load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			New system will be in place by May 30, 2012	

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

05

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG		DATE
K 144	Continued From page 4	K 144	-	

This Standard is not met as evidenced by:

Based on record review and interview it was determined that the facility did not ensure that the emergency generator monthly load tests were being conducted in accordance with NFPA 110. Conducting monthly load tests help to ensure system reliability. The facility had a census of seventeen clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey.

Findings include:

During record review on March 20, 2012 at 10:06 AM, the facility was unable to provide a documented thirty minute load test for the generator during the month of August 2011. When questioned about the load test the Maintenance Supervisor stated that he did know why the test was not conducted and documented.

Actual NFPA Standard:

NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition 6-4.1*

Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.

TAG # K144 (MM309) - Pine - page 5 of 6

During the review on March 20, 2012 at 10:06 AM, the facility was unable to provide a documented thirty minute load lest for the generator during the month of August 2011. When questioned about the load test the Maintenance Supervisor stated that he did know why the test was not conducted and documented.

 A. Correction action for the identified problem.

A schedule and documentation of completion checklist will be developed for all required testing. The thirty minute load test will be completed by the 20th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month.

B. Discipline responsible for the monitoring system changes for the Maintenance compliance.

Maintenance and Operations Supervisor

Date of action for the identified problem.

New system will be in place by May 30. 2012

Printed: 03/28/2012 FORM APPROVED OMB_NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING ____

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

NAMPA, ID 83687						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 144	· ·	K 144				
				sheet Page 6 of 6		

FORM APPROVED ureau of Facility Standards TATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A. BUILDING 05 B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE **!AME OF PROVIDER OR SUPPLIER** 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in FACILITY STANDARDS December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of (eler to the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/ID beds.

The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH-19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)

The Survey was conducted by:

Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 03/28/2012 FORM APPROVED

Bureau of Facility Standards

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 05

(X3) DATE SURVEY COMPLETED

13G001

B. WING _____

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

	NAMPA, ID 83687							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
M 000	Continued From Page 1	M 000						
MM309	Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K046 Emergency light testing. 2. K052 Annual fire alarm inspection. 3. K144 Emergency generator monthly load test.	MM309	retur to cms 2567					

aho form

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 06

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

'AME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

	NAMP	A, ID 8368	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	The Mini Gym #1 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with 42 CFR 483.70. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	K 0000	RECEIVED APR 17 2012 FACILITY STANDARDS	
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by:	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PEPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

06

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

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PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG		DATE
K 130	Continued From page 1	K 130		

Based on record review and interview it was determined that the facility did not ensure that the emergency lights were being tested for 30 seconds a month. Failure to test the emergency lights can result in nonoperational units not being discovered and repaired. The facility had a census of forty seven clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey.

Findings include:

During record review on March 20, 2012 at 10:02 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented.

Actual NFPA Standard:

7.9.3 Periodic Testing of Emergency Lighting Equipment.

A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.

TAG # K130 (MM309) – Aspen Mini Gym #1 - page 2 of 2

During record review on March 20, 2012 at 10:02 AM, it was revealed that the emergency light testing records were not available for the month of May 2011. When questioned about the emergency light testing records the Maintenance Supervisor stated he was unsure why the test was not completed and documented

- A. Correction action for the identified problem.
- schedule and documentation completion checklist will be developed for all required testing. Emergency light testing will be completed by the 20th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month.
- B. Discipline responsible for the monitoring system changes for the Maintenance compliance.

Maintenance and Operations Supervisor

C. Date of action for the identified problem.

New system will be in place by May 30, 2012.

ureau of Facility Standards TATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The Mini Gym #1 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm **FACILITY STANDARDS** system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility riber to CMS 2567 was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must

Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

10/12

ADMINISMOTIVE DIRECTOR

ureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE !AME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) MM309 Continued From Page 1 MM309 meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 12 hr cm> 2567 1. K130 Emergency light testing.

daho form

Printed: 03/28/2012 FORM APPROVED

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 07 B. WING 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The Mini Gym #2 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided. The Mini Gym #2 building was vacated in June 2011 and is no longer utilized by facility clients. The Survey was conducted by:

Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISTRATIVE DIRECTOR

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM APPROVED Jureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The Mini Gym #2 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack 11 Car boom 5 7567 emergency lighting is provided. The Mini Gym #2 building was vacated in June 2011 and is no longer utilized by facility clients. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction **FACILITY STANDARDS**

daho form

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATIVE DIRECTOR

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TITLE

(X6) DATE

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EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

80

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER **3OUTHWEST IDAHO TREATMENT CENTER** STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

	NAMP	A, ID 83687	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 130	The structure was built in January 1945 and serves as an auto repair shop. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with 42 CFR 483.70. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130	RECEIVE APR 17 2012 FACILITY STANDARDS	
	This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that the portable fire extinguishers were being inspected on a monthly basis in accordance with NFPA 10. Inspecting the fire extinguishers on a monthly basis helps to ensure the extinguishers are in their proper location and are ready for use in the			
	event they are needed. The facility had a census Y DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE

ADMINISMATINE DIRECTIL

4/10/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB_NO. 0938-0391

'ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

08 B. WING_

03/20/2012

AME OF PROVIDER OR SUPPLIER

OUTHWEST IDAHO TREATMENT CENTER

Extinguishers 1998 Edition

Fire extinguishers shall be inspected when initially

placed in service and thereafter at approximately

30-day intervals. Fire extinguishers shall be

inspected at more frequent intervals when

4-3 Inspection.

4-3.1* Frequency.

circumstances require.

STREET ADDRESS, CITY, STATE, ZIP CODE

A. BUILDING

1660 ELEVENTH AVENUE NORTH NAMPA ID 83687

	NAI	MPA, ID 8368	37	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130	Continued From page 1 of forty seven clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey. Findings include: During a tour of the facility on March 20, 2012 at 10:15 AM, observation of the inspection tags affixed to the portable fire extinguishers revealed that they had not been dated or signed since November of 2011. When questioned about the fire extinguisher inspections a shop staff member stated that he was unsure why the test was not completed and documented. Actual NFPA Standard:	ł	Tag # K130 (MM309) – Auto Repair Shop page 2 of 2 During the tour of the facility on March 20, 2012 at 10:15, observation of the inspection tags affixed to the portable fire extinguisher reveal that they had not been dated or signed since November of 2011. When questioned about the fire extinguisher inspections a shop staff member stated that he was unsure why the test was not completed and documented. A. Correction action for the identified problem.	n rs
ı	NFPA 10 Standard for Portable Fire		A schedule and documentation of	

completion checklist will be developed for all required inspections. Fire extinguisher inspections will be completed by the 20th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month.

 B. Discipline responsible for monitoring system changes for Maintenance of Compliance.

Maintenance and Operations Supervisor

C. Date of action for the identified problem.

Will be completed by April 30, 2012

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 08 B. WING 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The structure was built in January 1945 and serves as an auto repair shop. The following deficiencies were cited during the FACILITY STANDARDS annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor celer h cms 2567 Facility Fire Safety and Construction MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: ldaho form TITLE

STATE FORM

ureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

021199

(X6) DATE

ureau of Facility Standards **TATEMENT OF DEFICIENCIES** (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM309 Continued From Page 1 MM309 Refer to the Federal K Tags on the CMS 2567; 1. K130 Fire extinguisher inspections. (1 fer 2567

ldaho form

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED MB NO. 0938-0391

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	13G001	B. WING	03/20/2012
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 09	(X3) DATE SURVEY COMPLETED
VENTERS FOR MEDICARE	A MEDICAID SERVICES		OMB NO. 0938-

IAME OF PROVIDER OR SUPPLIER

3OUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA. ID 83687

	IVAINE	A, ID 8368	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
	The structure was built in January 1954 and serves as an auto detail shop. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and 42 CFR 483.70. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction		RECEIVED APR 17 2012 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(Idministrative Director 4/10

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

ureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE JAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **3OUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The structure was built in January 1954 and serves as an auto detail shop. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under **FACILITY STANDARDS** the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) 1 cm 6 cms 2567 The Survey was conducted by: Taylor Barley Health Facility Surveyor Facility Fire Safety and Construction Idaho form

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATUR DIRECTOR

4/10/12

(X6) DATE

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If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES DENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/05/2012 FORM APPROVED OMB NO. 0938-0391

ID LEWIN	DF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			0/2012
	PROVIDER OR SUPPLIER	JENT CENTER	1	REET ADDRESS, CITY, STATE, ZIP C 660 ELEVENTH AVENUE NORTH IAMPA, ID 83687		
(X4) iD PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
K 000	INITIAL COMMEN	тѕ	K 000			
	The following defici annual Fire/Life Sar between March 19, The facility was sur	encies were cited during the fety survey conducted 2012 and March 20, 2012. veyed under the LIFE 000 Edition, and in accordance 0.		RECEI APR 17	VED 2012 ANDARDS	
	Taylor Barkley Health Facility Surv Facility Fire Safety	eyor and Construction			·	
K 130	NFPA 101 MISCEL	LANEOUS	K 130			
	OTHER LSC DEFIC	CIENCY NOT ON 2786				
	This STANDARD is	s not met as evidenced by:				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 04/05/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA ATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ID PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/20/2012 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 130 Continued From page 1 K 130 TAG #K130 (MM309) - Laundry - page 2 Based on interview and record review it was of 3 determined that the facility failed to ensure that the manual fire alarm system was being During record review on March 20, 2012 at maintained in accordance with NFPA 72. Failure 9:45 AM, it was reveled that the last to conduct annual inspections and testing could documented annual fire alarm inspection result in the fire alarm system not functioning as report was dated January 3, 2011. When designed. The facility had a census of five clients questioned about the annual inspection, the on the day of survey. These deficiencies affected Maintenance Supervisor stated that he was all clients, staff, and visitors present on the day of aware that the inspection was overdue. the survey. A. Correction action for the identified Findings include: problem. During record review on March 20, 2012 at 9:45 schedule AM, it was revealed that the last documented and documentation of completion checklist will be developed for all annual fire alarm inspection report was dated required testing. Annual fire alarm January 3, 2011, When guestioned about the inspections will be scheduled by the 1st of annual inspection the Maintenance Supervisor stated that he was aware that the inspection was the month due. Documentation of the testing will be submitted to the Maintenance overdue. and Operations Supervisor who will review the documentation to ensure completion by Actual NFPA Standard: the end of the month. NFPA 72, National Fire Alarm Code. The 2012 fire alarm inspection was initiated 7-3 Inspection and Testing Frequency. on 3/20/12 and we received the report of 7-3.1* Visual Inspection. findings on 4/6/12. Visual inspection shall be performed in accordance with the schedules in Section 7-3 or

7-3.2* Testing.

equipment performance.

more often if required by the authority having

jurisdiction. The visual inspection shall be made to ensure that there are no changes that affect

Testing shall be performed in accordance with

automatic testing is performed at least weekly by a remotely monitored fire alarm control unit

the schedules in Chapter 7 or more often if required by the authority having jurisdiction. If

2012

compliance.

B. Discipline responsible for the monitoring

system changes for the Maintenance

Maintenance and Operations Supervisor

New system will be in place by May 30,

C. Date of action for the identified problem.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/05/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES .ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A, BUILDING 10		(X3) DATE SURVEY COMPLETED	
		13G001	B. WI	1G _		03/2	0/2012
	PROVIDER OR SUPPLIER	MENT CENTER	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 660 ELEVENTH AVENUE NORTH NAMPA, ID 83687		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 130	specifically listed fo testing frequency sl	ge 2 r the application, the manual hall be permitted to be . Table 7-3.2 shall apply.	K.	130			
	·						

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **3OUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The structure was built in January 1944 and serves as the central laundry. FACILITY STANDARDS The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) refer cros 2567 The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Idaho form TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ureau of Facility Standards

3ureau of Facility Standards TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING _ 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE VAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **3OUTHWEST IDAHO TREATMENT CENTER** NAMPA, ID 83687 (X5) COMPLETE DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX. REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM309 Continued From Page 1 MM309 Refer to the Federal K Tags on the CMS 2567; rely to cons 2567 1. K130 Fire alarm system maintenance.

021199

daho form

EPART	MENT OF HEALTH	AND HUMAN SERV	/ICES			FORM	03/27/201 APPROVE . 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDING	PLE CONSTRUCTION G 11	(X3) DATE SU COMPLE	
		13G001		B, WING		03/20	0/2012
	ROVIDER OR SUPPLIER VEST IDAHO TREA	TMENT CENTER	1660 EL		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	1984 and is Type V currently uses the utherapy pool which floor space inside. The following deficient annual Fire/Life Safeting	ouilding was built in J (III) construction. The nattached building a makes up 70% of the encies were cited du ety survey conducted 2012 and March 20,	e facility s a e interior ring the		PRECEST APR 17	VED 2012 TANDAP	DS .

The Survey was conducted by:

with 42 CFR 483.70.

Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction

K 130 NFPA 101 MISCELLANEOUS

OTHER LSC DEFICIENCY NOT ON 2786

The facility was surveyed under the LIFE

SAFETY CODE, 2000 Edition, and in accordance

This Standard is not met as evidenced by:

K 130

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

HOMINISMATIVE DIRECTOR

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 11

(X3) DATE SURVEY COMPLETED

13G001

B. WING ____

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Continued From page 1 Based on record review and interview it we determined that the facility did not ensure emergency lights were being tested for 30 seconds a month. Failure to test the emelights can result in nonoperational units not discovered and repaired. The facility had census of forty seven clients on the day of This deficiency affected all clients, staff a visitors present on the day of the survey. Findings include: During record review on March 20, 2012 and AM, it was revealed that emergency light records were not available for the month of 2011. When questioned about emergency testing records the Maintenance Supervisistated that he was unsure why the test was completed and documented. Actual NFPA Standard: 7.9.3 Periodic Testing of Emergency Light Equipment. A functional test shall be conducted on every required emergency lighting system at 30 intervals for not less than 30 seconds. An test shall be conducted on every required battery-powered emergency lighting system tot less than 11/2 hours. Equipment shall operational for the duration of the test. We records of visual inspections and tests shall kept by the owner for inspection by the authaving jurisdiction.	e that the D rgency of being a f survey. Ind at 10:04 testing of May y light for as not ting ery eday annual m for be fully itten all be	K 130	TAG #K130 (MM309) – Therapy Pool Building - page 2 of 2 During the review on March 20, 2012 at 10:04 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he way unsure why the test was not complete and documented. A. Correction action for the identified problem. A schedule and documentation completion checklist will be developed for required testing. Emergency light testing will be completed by the 20th of each month adocumentation of the testing will submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem. New system will be in place by May 30, 2012.	of all will and be and the

ureau of Facility Standards TATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 11 B. WING 03/20/2012 13G001 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The Therapy Pool building was built in January 1984 and is Type V(III) construction. The facility currently uses the unattached building as a **FACILITY STANDARDS** therapy pool which makes up 70% of the interior floor space inside. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility cefer to cms 7567 was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. Idaho form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

PRINTED: 03/28/2012

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 11 B. WING_ 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) MM309 Continued From Page 1 MM309 This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K130 Emergency light testing. refer to cons 2567

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EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED DMB NO. 0938-0391

ENTE	RS FOR MEDICARE	& MEDICAID SERV	ICES			OMB NO	<u>. 0938-039</u>
		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 12	(X3) DATE SURVEY COMPLETED	
		13G001		B. WING _		03/2	0/2012
	PROVIDER OR SUPPLIER WEST IDAHO TREA	TMENT CENTER	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 000				K 000	RECIEIV APR 17 201		
	Ramsey is an unatta and is Type V(III) co used as an education There is a fire alarm the building with hor and is off site monitor contractors provided The building was con partial basement. Ex- capability.	onstruction. The build onal unit/school on ca a system installed thr in strobe units in clastored. Local school di services within the b instructed in 1951 an	ling is ampus. coughout esrooms strict uilding. d has a		FACILITY STAN	DANDS	
	The following deficie annual Fire/Life Safe between March 19, 2 The facility was surv SAFETY CODE, 200 with 42 CFR 483.70.	ety survey conducted 2012 and March 20, eyed under the LIFE 00 Edition, and in acc	2012.				
	The Survey was con-	ducted by:					
	Taylor Barkley Health Facility Surve Facility Fire Safety a	nd Construction					
K-130	NFPA 101 MISCELL	ANEOUS		K 130			
	OTHER LSC DEFICE	ENCY NOT ON 278	6				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dervete &

program participation.

ADMINISTRATE DIGGTUR

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 12

(X3) DATE SURVEY COMPLETED

13G001

B. WING

03/20/2012

IAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG		DATE
K 130	Continued From page 1	K 130		

This Standard is not met as evidenced by:

1. Based on record review and interview it was determined that the facility did not ensure that the emergency lights were being tested for 30 seconds a month. Failure to test the emergency lights can result in nonoperational units not being discovered and repaired. The facility had a census of forty seven clients on the day of survey. This deficiency affected all clients, staff and visitors present on the day of the survey.

Findings include:

During record review on March 20, 2012 at 9:55 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented.

2. Based on interview and record review it was determined that the facility failed to ensure that fire alarm was being maintained in accordance with NFPA 72. Failure to conduct annual inspections and repairing nonoperational equipment could result in the fire alarm system not functioning as designed. The facility had a census of five clients on the day of survey. These deficiencies affected all clients, staff, and visitors present on the day of the survey.

TAG #K130 (MM309) (#1) - Ramsay - Page 2 of 3

During record review on March 20, 2012 at 9:55 AM, it was revealed that emergency light testing records were not available for the month of May 2011. When questioned about the emergency light testing records the Maintenance Supervisor stated that he was unsure why the test was not completed and documented.

- A. Correction action for the identified problem.
- A schedule and documentation of completion checklist will be developed for all required testing. Emergency light testing will be completed by the 20th of each month and documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month.
- B. Discipline responsible for the monitoring system changes for the Maintenance compliance.

Maintenance and Operations Supervisor

C. Date of action for the identified problem.

New system will be in place by May 30, 2012.

5/30/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 12

(X3) DATE SURVEY COMPLETED

13G001

B. WING __

03/20/2012

NAME OF PROVIDER OR SUPPLIER

SOUTHWEST IDAHO TREATMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET DATE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) (X4) ID PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE COMPLET DATE DEFICIENCY)	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY	FULL PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
K 130 Continued From page 2 Findings include: During record review on March 20, 2012 at 9:50 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 3, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. TAG #K130 (MM309) (#2) - Ramsay - Page 3 of 3 During record review on March 20, 2012 at 9:50 AM, it was revealed that the last documented annual fire alarm inspection report was dated January 3, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. A. Correction action for the identified problem. A schedule and documentation of completion checklist will be developed for all required testing. Annual fire alarm inspections will be scheduled by the 1st of the month due. Documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will review the documentation to ensure completion by the end of the month. The 2012 fire alarm inspection was initiated on 3/20/12 and we received the report of findings on 4/6/12. B. Discipline responsible for the monitoring system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem. New system will be in place by May 30, 2012	K 130	Findings include: During record review on March 20, 2012 AM, it was revealed that the last docume annual fire alarm inspection report was o January 3, 2011. When questioned about annual inspection the Maintenance Superstated that he was aware that the inspection	2 at 9:50 ented dated ut the ervisor	TAG #K130 (MM309) (#2) – Ramsay - Page 3 of 3 During record review on March 20, 2012 at 9:50 AM, it was reveled that the last documented annual fire alarm inspection report was dated January 3, 2011. When questioned about the annual inspection the Maintenance Supervisor stated that he was aware that the inspection was overdue. A. Correction action for the identified problem. A schedule and documentation completion checklist will be developed for a required testing. Annual fire alar inspections will be scheduled by the 1 st the month due. Documentation of the testing will be submitted to the Maintenance and Operations Supervisor who will reviet the documentation to ensure completion in the end of the month. The 2012 fire alarm inspection was initiated on 3/20/12 and we received the report of findings on 4/6/12. B. Discipline responsible for the monitorin system changes for the Maintenance compliance. Maintenance and Operations Supervisor C. Date of action for the identified problem. New system will be in place by May 30,	of all moof ne ce by

ureau of Facility Standards **FATEMENT OF DEFICIENCIES** (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 12 B. WING 13G001 03/20/2012 IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH **SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Initial Comments M 000 Ramsey is an unattached single story building and is Type V(III) construction. The building is used as an educational unit/school on campus. There is a fire alarm system installed throughout the building with horn strobe units in classrooms and is off site monitored. Local school district contractors provide services within the building. The building **FACILITY STANDARDS** was constructed in 1951 and has a partial basement. Exiting classification is remote capability. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between retur to CMS 2567 March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Idaho form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

021199

(X6) DATE

3ureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/20/2012 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH SOUTHWEST IDAHO TREATMENT CENTER NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) MM309 Continued From Page 1 MM309 MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This Rule is not met as evidenced by: Refer to the Federal K Tags on the CMS 2567; 1. K130 Emergency light testing. K130 Fire alarm inspection. refer h (ms 256)

Idaho form

FORM APPROVED

Printed: 03/27/2012 EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 13 B. WING 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE AME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER 1660 ELEVENTH AVENUE NORTH **NAMPA, ID 83687** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The Chapel is an unattached building that is Type FACILITY STANDARDS V(III) construction built in January 1974. The building has a smoke detection system installed. Exiting classification is remote capability. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted between March 19, 2012 and March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and 42

The Survey was conducted by:

Taylor Barkley Health Facility Surveyor

CFR 483.70.

Facility Fire Safety and Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NAMISTANT (1) E DIRECTIO

PRINTED: 03/28/2012

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER SOUTHWEST IDAHO TREATMENT CENTER 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE . DEFICIENCY) M 000 16.03.11 Initial Comments M 000 The Chapel is an unattached building that is Type V(III) construction built in January 1974. The building has a smoke detection system installed. Exiting classification is remote capability. The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted between March 19, 2012 and refor to cms 2567 March 20, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction **FACILITY STANDARDS**

no form

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

021199

(X6) DATE